

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO. <i>09/673994</i>	FILING DATE					
							APPLICANT(S) <i>Chen</i>						
CLAIMS													
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
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TOTAL DEP.	69						TOTAL DEP.	4					
TOTAL CLAIMS	76						TOTAL CLAIMS	4					